

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JT	6900	5/10
O.I.P.E. CLASSIFIER		2	3/14/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		W074	4-25-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	9/6/00
Original	11/2/00
1	11/2/00
2	11/2/00
3	11/2/00
4	11/2/00
5	11/2/00
6	11/2/00
7	11/2/00
8	11/2/00
9	11/2/00
10	11/2/00
11	11/2/00
12	11/2/00
13	11/2/00
14	11/2/00
15	11/2/00
16	11/2/00
17	✓
18	✓
19	
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29	○
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37	
38	○
39	
40	✓
41	✓
42	✓
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48	
49	
50	✓

Claim	Date
Final	9/6/00
Original	11/2/00
51	✓
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58	✓
59	○
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62	○
63	✓
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75	✓
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85	○
86	✓
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100	✓

Claim	Date
Final	9/6/00
Original	11/2/00
101	✓
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110	○
111	✓
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150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

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